

In re Application of:

COLLINS et al.

Application No.: 10/806,611

Filed: March 22, 2004

For: TREATING IMMUNOLOGICAL DISORDERS
USING AGONISTS OF INTERLEUKIN-21/
INTERLEUKIN-21 RECEPTOR



Docket No. 01997.043200

Examiner: Wang, Chang Yu

Group Art Unit: 1649

Date: May 14, 2007

JPW

CERTIFICATE OF MAILING

I hereby certify that this correspondence, and the documents attached hereto, are being deposited with the United States Postal Service as First Class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date.
Date: May 14, 2007

Joseph P. Pieroni
Joseph P. Pieroni

MAIL STOP AMENDMENT
THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 49	MINUS	** 49	= 0	x \$25 \$50	-0-
INDEP. CLAIMS	* 8	MINUS	*** 8	= 0	x \$100 \$200	-0-
Fee for Multiple Dependent claims \$180°/\$360						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						-0-

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☒ A check in the amount of \$ 450.00 to cover the fee for a TWO month extension is enclosed.
- ☒ A check in the amount of \$ 180.00 to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Joseph P. Pieroni
Attorney for Applicants
Registration No.: 53,469

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